

**DEPARTMENT OF INSURANCE****INFORMATION ABOUT PROPOSED REGULATION**

(Provided Pursuant to Cal Govt. Code §§11340.8 & 11340.85)

**Summary Information**

**Title: Low Cost Automobile Uninsured Motorists/Medical Payments Coverage Rate Amendment**

**File Number: ER02025956**

**Key Dates**

**Regulation Filed with Secretary of State:**

**N/A**

**Effective Date of Regulation:**

**N/A**

**Advisory**

**A copy of the Final Statement of Reasons will be posted on this web site as soon as it is available. Any business or person submitting a comment to a proposed regulation, or proposed amendment or repeal of a regulation, has the right to request a copy of the Final Statement of Reasons. To request a copy of the Final Statement of Reasons by mail, contact:**

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